

ACCESS TO RECOVERY - RECOVERY SUPPORT SERVICES Client Checklist	
4-4-2006	
Check if interested in receiving this service.	Description of Service
<input type="checkbox"/> <b>Care Coordination</b>	A staff member will help you obtain medical, psychiatric, housing; or other services you may need.
<input type="checkbox"/> <b>Child Care</b>	Childcare services while you are participating in treatment and recovery activities.
<input type="checkbox"/> <b>Drop-In Center</b>	A "Recovery House" for alcohol and drug free recreation and social support.
<input type="checkbox"/> <b>Emergency/Temporary Housing</b>	Housing for clients in a crisis situation until stable housing can be secured. 5 day max while waiting for residential treatment
<input type="checkbox"/> <b>Extended Residential Support</b>	Extended Housing for clients currently in PR+ clinical treatment level 2 or 3. Max of 20 days.
<input type="checkbox"/> <b>Family Engagement</b>	A service that helps the client's family understand treatment and recovery.
<input type="checkbox"/> <b>Pastoral Counseling</b>	Counseling delivered by an ordained minister or equivalent such as rabbi or imam.
<input type="checkbox"/> <b>Recovery Support Individual</b>	Individual support and recovery coaching from a lay person or paraprofessional with experiences similar to yours.
<input type="checkbox"/> <b>Recovery Support Group</b>	A recovery group helps by offering peer support for recovery.
<input type="checkbox"/> <b>Spiritual Life Skills (Individual or Group)</b>	Teaches a spiritual approach to dealing with life problems.
<input type="checkbox"/> <b>Transportation</b>	Transportation to and from treatment or recovery support services.
<input type="checkbox"/> <b>Work Preparation</b>	Finding or maintaining employment during the course of treatment; may include developing a resume, arranging job interviews, work skills development, and on-the-job training.
<div>Client Signature: _____</div> <div>Date: _____</div>	
<b>Staff use only:</b> Recovery Support voucher created <input type="checkbox"/> Date _____ By Whom _____ Recovery Support Service requested not available in this area <input type="checkbox"/>	

Client declined recovery support services ☐

Notes: \_\_\_\_\_